



ANNUAL REPORT

LAND APPLICATION

| | | |
|---|--|----------------|
| FACILITY NAME: | CALENDAR YEAR OF REPORT: | PERMIT NUMBER: |
| SITE ADDRESS OR LEGAL DESCRIPTION: <input type="checkbox"/> Check if multiple sites (attach additional sheets for additional site information) | COUNTY: | |
| FACILITY CONTACT (name): | FACILITY PHONE: | |
| FACILITY CONTACT MAILING ADDRESS (if different): | FACILITY CONTACT PHONE (if different): | |
| OPERATOR: (Company/Business): | OPERATOR CONTACT (Name): | |

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

IDENTIFY FOR EACH CROP :

| Crop | Acreage Used | Type of Waste | Amt of Waste (specify cu yds or tons) | Source of Waste (including county) | Additional lbs. of N/acres | | | | |
|------|--------------|---------------|---------------------------------------|------------------------------------|----------------------------|-----------|-----------------------|-------------|-------|
| | | | | | Manure | Biosolids | Commercial Fertilizer | Waste Water | Other |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

(form continued on back)

| IDENTIFY THE TYPE AND AMOUNT OF ANY WASTE REMAINING IN STORAGE AS OF DECEMBER 31ST OF THE REPORTING YEAR: | | |
|---|------------------------------------|---------------------------|
| Waste Type | Amount (specify cu yds or tons) | Specify Method of Storage |
| | | |
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Additional information to be attached **if required** (please check is included):

☐ Additional waste characterization information **if required** to be obtained as a condition of the permit, and a summary of that data.
☐ Environmental monitoring data **if required** to be obtained as a condition of the permit, and a summary report of that data.
☐ Additional information **if required** by the jurisdictional health department as a condition of the permit.

During the reporting year, were there any changes in your management practices that would impact your operations?
☐ No ☐ Yes (specify) _____

Are there any new solid waste activities planned at your site for this calendar year? ☐ No ☐ Yes (specify) _____

Planned start date: _____

| | | |
|--------------|-------|--------|
| PREPARED BY: | DATE: | PHONE: |
|--------------|-------|--------|

*To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program
At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).*